

Mortgage Loan Originator Registration

A registration fee of \$100.00 per mortgage loan originator must accompany this form

The mortgage company must complete both sides of this form if it employs one or more mortgage loan originators. The form is not to be completed by the mortgage loan originator. Please read instructions page before completing this form.

Name of Company _____

Corporate HQ Address _____

Street

City

State

Zip

Company License # or Registration # _____ **Telephone:** _____

I hereby certify that all information on this registration form is true and correct.

Date: _____

**Signature and Title of Managing Principal
of Mortgage Company**

STATE OF: _____

COUNTY OF: _____

Subscribed and sworn to before me on this ____ day of _____, _____.

Notary Public _____

(Notary Seal)

My Commission Expires _____

Please make check payable to TN Department of Financial Institutions.

Please return completed form(s) and fee to: TN Department of Financial Institutions

Compliance Division

Attn: Registrations

414 Union Street, Suite 1000

Nashville, TN 37219



Please provide the information requested below for each individual. **Tennessee residents MUST be affiliated with a Tennessee branch office or live within a commutable distance from an out-of-state office.**

PLEASE TYPE OR PRINT LEGIBLY

1. _____
(First Name) (MI) (Last Name)
Hire Date _____
Home Address _____
(Street, City, State, Zip)
Branch Address _____
(Street, City, State, Zip)
Date of Birth: _____ SSN: _____ Home Phone #: _____

2. _____
(First Name) (MI) (Last Name)
Hire Date _____
Home Address _____
(Street, City, State, Zip)
Branch Address _____
(Street, City, State, Zip)
Date of Birth: _____ SSN: _____ Home Phone #: _____

3. _____
(First Name) (MI) (Last Name)
Hire Date _____
Home Address _____
(Street, City, State, Zip)
Branch Address _____
(Street, City, State, Zip)
Date of Birth: _____ SSN: _____ Home Phone #: _____

4. _____
(First Name) (MI) (Last Name)
Hire Date _____
Home Address _____
(Street, City, State, Zip)
Branch Address _____
(Street, City, State, Zip)
Date of Birth: _____ SSN: _____ Home Phone #: _____

5. _____
(First Name) (MI) (Last Name)
Hire Date _____
Home Address _____
(Street, City, State, Zip)
Branch Address _____
(Street, City, State, Zip)
Date of Birth: _____ SSN: _____ Home Phone #: _____

6. _____
(First Name) (MI) (Last Name)
Hire Date _____
Home Address _____
(Street, City, State, Zip)
Branch Address _____
(Street, City, State, Zip)
Date of Birth: _____ SSN: _____ Home Phone #: _____

